

ANNUAL REPORT OF AUTONOMOUS VEHICLE DISENGAGEMENT

Instructions: Print as many pages as needed. Submit completed report to: Department of Motor Vehicles, Autonomous Vehicle Program, P.O. BOX 932342, MS L224, Sacramento, CA 94232-3420

SECTION 1 — MANUFACTURER INFORMATION							
NAME OF MANUFACTURER					AVT NUMBER		
BUSINESS MAILING ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER		
SECTION 2	2 — DISENGAGEMENT E	VENT DETAIL Use	one row for each disengage	ement event.			
DATE	VIN NUMBER	DISENGAGEMENT INITIATED BY (AV System, Test Driver, Remote Operator, or Passenger)	DISENGAGEMENT LOCATION (Interstate, Freeway, Highway, Rural Road, Street, or Parking Facility)	DESCRIPTION OF FACTS	DESCRIPTION OF FACTS CAUSING DISENGAGEMENT *		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO						
	WITHOUT A DRIVER TES INC	TESNO					
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO	DRIVER PRESENT YES NO					
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER ☐ YES ☐ NO	DRIVER PRESENT ☐ YES ☐ NO					
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO	DRIVER PRESENT YES NO					
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO	DRIVER PRESENT					
	VEHICLE IS CAPABLE OF OPERATING	DRIVER PRESENT					
	WITHOUT A DRIVER YES NO	YES NO					
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER YES NO	DRIVER PRESENT YES NO					
	VEHICLE IS CAPABLE OF OPERATING	DRIVER PRESENT					
	WITHOUT A DRIVER YES NO						

^{*} Additional information regarding the causes of the disengagement may be submitted as an attachment. If an attachment is provided, indicate the specific attachment number for the disengagement event.

SECTION 3 — DISENGAGEMENT AND AV MILES SUMMARY PER VEHICLE Total Number of Miles Tested in Autonomous Mode (December _____ to November __ **Annual Total of VIN Number** Disengagements ANNUAL December January February March April August September October November May June July TOTAL **SECTION 4 — ACKNOWLEDGMENT** PRINTED NAME OF AUTHORIZED REPRESENTATIVE TITLE SIGNATURE DATE SIGNED X STREET ADDRESS CITY STATE ZIP CODE FAX NUMBER TELEPHONE NUMBER **EMAIL ADDRESS**